



**THE COMMONWEALTH OF MASSACHUSETTS
AUTO DAMAGE APPRAISER LICENSING BOARD**

One South Station, Boston Massachusetts 02110-2208
(617) 521-7448 / Fax (617) 521-7734

Please Print or Type

Application for Motor Vehicle Damage Appraiser License

1. Full Legal Name _____
Last First Middle
2. Date of Birth ____/____/____ 3. Social Security Number ____ - ____ - ____
4. Home Address _____ 5. Tel. # (____) _____
Street and Number City or Town State Zip Code
6. Residence Last Five (5) Years _____
Street and Number City or Town State Zip Code
7. Mailing Address _____
Street and Number City or Town State Zip Code
8. Employer _____
Name Street and Number Town or City Zip Code
9. Bus. Tel. # (____) _____ 10. Fax # _____ 11. Email Address _____
12. Repair Shop # _____ (If applicable)
13. List below the schools you have attended.

Name and Address	Time Attended	Graduated	
		Yes or No	Date

14. Give full information concerning periods of employment contributing to your experience as a Motor Vehicle Damage Appraiser. Start with your present position and work back explaining exact duties. Under "**time engaged**" enter only those periods spent in appraising motor vehicle damage or doing motor vehicle body repair work

Date		Duties	Time Engaged (hrs per week)	Employer	
From	To			Name	Address

15. Has any motor vehicle damage appraiser license or any insurance license applied for by you ever been refused, suspended or revoked by this or any other state? Yes _____ No _____

If yes, please attach details.

16. Have you **ever** been convicted of, or arrested or prosecuted for any crime or offense against the laws of this or any other state or country or pleaded nolo to any indictment or complaint for any such crime or offense, or been placed upon probation thereof, or is there pending against you any indictment, information, complaint or proceeding for a violation of such laws? If yes please give full details, giving the date of conviction or plea of nolo, the name and the location of the court in which the indictment, etc. is pending, the plea made or the conviction was rendered, the exact name of the offense charged and the penalty imposed.

17. State four (4) reasons the Board may suspend or revoke a Motor Vehicle Damage Appraiser license.

- A) _____
- B) _____
- C) _____
- D) _____

18. I have read and I am familiar with the insurance laws of Massachusetts with regard to Motor Vehicle Damage Appraisers and the penalties imposed for violations of said laws. Yes _____ No _____

19. I am the applicant named in this application and the photograph attached hereto is my likeness.

20. I HEREBY VERIFY THE FORGOING STATEMENTS AND DECLARE THAT THEY WERE MADE UNDER THE PENALTIES OF PERJURY.

Dated at _____ this _____ day of _____

Applicant

NOTE: ANY WILLFULLY FALSE STATEMENT IN THIS APPLICATION IS PUNISHABLE AS PERJURY UNDER MASS. GEN. LAWS, C. 268.

Attach one Photograph
2" X 2" taken within one
year of date of application
and sign across the front of
the photograph.

DO NOT SEND SNAPSHOTS

21. We, the three (3) undersigned, citizens of Massachusetts, hereby severally state that we are personally acquainted with the above-named applicant and that we believe him/her to be trustworthy and competent to act as a Motor Vehicle Damage Appraiser. We also agree to furnish to the Auto Damage Appraiser Licensing Board with any additional information on the applicant if requested.

Signature

ORIGINAL SIGNATURE REQUIRED – ALSO PRINT LAST NAME

Printed Name

Address
